

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: Borough of Allendale County: Bergen  
 Employee Organization: Local No. 11, Affiliated with International Brotherhood of Teamsters Employees in Unit: \_\_\_\_\_  
 Base Year Contract Term: 1/1/2009 12/31/2011 New Contract Term: 1/1/2012 12/31/2014  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

|  |           | Column A<br>Base Year - Total Costs<br>(Last Year of Previous agreement) | Column B<br>New Base Year - Total Costs<br>(First Year of Successor agreement) |
|--|-----------|--|--|
| Section II: Economic   |           |  |  |
| Item 1 .....   | Salary    |  |  |
| Item 2 .....   | Increment |  |  |
| Item 3 .....   | Longevity |  |  |
| Item 4 .....   |           |  |  |
| Item 5 .....   |           |  |  |
| Item 6 .....   |           |  |  |
| Item 7 .....   |           |  |  |
| Item 8 .....   |           |  |  |
| Item 9 .....   |           |  |  |
| Item 10 .....  |           |  |  |
| Item 11 .....  |           |  |  |
| Item 12 .....  |           |  |  |
| Any additional items list on separate sheet Additional Items |           |  |  |
| Section III: Totals - Sum of costs in each column            |           | (Total)  | (Total)  |

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \_\_\_\_\_

Effective Date (m/d/yyyy) \_\_\_\_\_

Percent Increase \_\_\_\_\_

Total cost of increase \_\_\_\_\_

Total base salary (successor agreement) \_\_\_\_\_

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) \_\_\_\_\_

Dollar Impact (average per year over term of agreement) \_\_\_\_\_

### Section VI

Health Insurance (Indicate costs associated on each line)

|                              | Base Year | Year 1 |  |  |  |
|------------------------------|-----------|--------|--|--|--|
| Cost of Health Plan .....    |           |        |  |  |  |
| Employee Contributions ..... |           |        |  |  |  |
| Prescriptions .....          |           |        |  |  |  |
| Dental .....                 |           |        |  |  |  |
| Vision .....                 |           |        |  |  |  |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by:

Gwen McCarthy

Title: Municipal Clerk

Gwen McCarthy  
Signature

Date: 10/2/2013